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TO: U.S. Patent and Trademark Office

TELEFAX #: (703) 746-5485

ATTENTION: SPE Rinehart

DATE: November 10, 2003

TIME: 9:40 a.m.

NUMBER OF PAGES: 4 total page(s) (including this cover)

FROM: Rochelle Lieberman, Esq.

RE: Application Serial No. 09/753,062

DESCRIPTION: Copy of Revised Interview Request Form, per the request and instruction of Examiner Dang

COMMENT:

Voice Confirmation Required:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Original to Follow by Mail/Courier:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

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TO: U.S. Patent and Trademark Office

TELEFAX #: (703) 746-9224

ATTENTION: Examiner Dang

DATE: November 4, 2003

TIME: 4:35 p.m.

NUMBER OF PAGES: 2 total page(s) (including this cover)

FROM: Rochelle Lieberman, Esq.

RE: Application Serial No. 09/753,062

DESCRIPTION: Revised Interview Request Form, per your request

COMMENT: Please call to confirm the interview date and time, or to schedule for an alternate date and time.

Thanks,
Rochelle

Voice Confirmation Required:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Original to Follow by Mail/Courier:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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PTOL-413A (08-03)
 Approved for use through 07/31/2006. OMB 0651-0031
 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Applicant Initiated Interview Request Form

Application No.: 09/ 753062 First Named Applicant: McKenney
 Examiner: Huynh Art Unit: 2189 Status of Application: Pending

Tentative Participants:

(1) Rochelle Lieberman (2) Kim Huynh
 (3) Primary Examiner (4) _____

Proposed Date of Interview: 11/10/03 Proposed Time: 10:30 (AM/PM)

Type of Interview Requested:

(1) ☐ Telephonic (2) ☒ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rejection</u>	<u>1, 13 & 22</u>	<u>Jippo</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

Brief Description of Arguments to be Presented:

Interpretation of Jippo (U.S. Patent No. 5,432,915) to the claims,
as per the First Office Action. More specifically, the selection
of locks and the hierarchy of processors as claimed by Applicant and
absent from Jippo.

An interview was conducted on the above-identified application on _____.

NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

 (Applicant/Applicant's Representative Signature)

 (Examiner/SPE Signature)

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

*** TX REPORT ***

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